

**HSS-12-012**  
**CAPAC Pre Bid Meeting Questions & Answers**

1. **Q.** Is the submission date March 30, 2012 or March 20<sup>th</sup> 2012? Key point # 1 states it is March 30<sup>th</sup>, while key point # 4 states it is March 20<sup>th</sup>.

**A.** The due date is March 30, 2012. The reference to March 20, 2012 is a typo.

2. **Q.** Are the constables titled by HR as constables? Are they from JP court? Will they be hired by the organization?

**A.** It should be constables like from JP court. Constables must have arrest powers under DE law.

3. **Q.** It is not unusual to get someone who needs involuntary admission because they are under the influence and homicidal. They get sober and recant these statements and are assessed to not be dangerous. Will this program be able to accommodate those folks?

**A.** Yes, this will be a lot like CAPES. People can stay up to twenty three hours. The regular state emergency rooms, other than CAPES, do not have the time to wait for intoxicated clients to clear. As a result these individuals are often sent for a 24 hour detainment very quickly and to an inpatient hospital bed. One of the purposes of this program, just like CAPES, is to give time needed for the drugs/or alcohol to clear so that the staff can then do a more adequate assessment some hours later. It is a waste of a lot of resources to admit many of these people to inpatient stays for sometimes days at a time. It does not serve them well and costs a great deal of state money.

4. **Q.** Is this for people bringing folks to the site or will people be going out and picking up people?

**A.** We designed CAPAC so that people would be brought to that center directly. However it is possible that occasionally people may be picked up by onsite Mobile Crisis to come to the Center. Likewise, people may also be transported home by CAPAC staff occasionally.

Police, constables and other peace officers may bring people to and from CAPAC due to their situation. Family members or significant others can bring them or pick them up. Once word gets out people may just walk in. It is important to understand that CAPAC is different from the current CAPES program.

As a reminder, the CAPES program is part of the Christiana Care Wilmington Hospital Emergency Department. As such, all CAPES admissions must, first, go through their regular medical emergency department only.

The CAPAC program in southern Delaware is a different model. It must be poised to accept people from all the local southern general medical emergency rooms. Unlike CAPES people can come from other hospitals. CAPAC might get a call from some local hospital ED physician, for instance. The physician will provide whatever information you need and will then send the person to CAPAC. The police will probably transport these individuals in most situations. This situation is very different from what happens at CAPES as that referral process is mostly internal to Wilmington Hospital. A key goal for CAPAC is to get people out of emergency rooms that really are not equipped or prepared or trained to deal with people with behavioral health issues. You will not be expected to go out to retrieve people and bring them back, in most situations.

5. **Q.** Is this going to dovetail with the mobile crisis unit? Is it going to be in the same building? Are they going to go out and do assessments?

**A.** CAPAC will dovetail with all of our community programs in Kent and Sussex counties. Mobile Crisis is housed in the same building so the successful bidder is expected to work closely with them. CAPAC would not go out and do assessments. Mobile Crisis might.

6. **Q.** Does medical clearance need to occur prior to coming to CAPAC?

**A.** Not everybody needs a formal medical clearance. Regular emergency department medical clearance processes are very expensive and take a great deal of time. This expense is generally billed back to the client. The request for a medical clearance to take place will need to be based on that individual's client's presentation and will need to be based on signs or symptoms that seem to indicate that a physical health issue is involved with the client's current mental state or an important concomitant issue. Taking excellent clinical histories will be paramount, using an approved best practice assessment tool. Also, a contract performance measure will track CAPAC staff's request for medical clearance against the rationale for this request and the findings. DSAMH does expect that people requiring CAPAC services, who are over 50 or who have any obvious health issues such as obesity, diabetes, difficulty ambulating, or who are psychotic may require some medical clearance at a local ED. But this clearance process should, in no way, be standardized for everyone.

If an individual comes to CAPAC and seems to have a medical problem that you're not prepared to deal with you would immediately provide what medical services you can and send them to a local ER. It is absolutely essential that CAPAC staff have very strong ties to the community, especially police and peace officers and the local emergency rooms. If this fails to occur CAPAC will not see many clients as they will all be committed from the local ED's to hospitals. This will be another performance measure for CAPAC going forward. Diverting people to other resources in the state is critically important so, as such, it is critically important that the CAPAC provider

make all efforts quickly to get to know the local community resources, especially if new to the state.

7. **Q.** On the staffing component, it is very explicit about the behavioral health specialists and the constables but the psychiatrist component is written a little bit differently. What is the expectation for coverage from psychiatrists?

**A.** There are a lot of ways to provide psychiatric services in a psychiatric emergency assessment center. This is up to you. In the CAPES program at Wilmington Hospital they have a full time psychiatrist as that is part of their medical bi-laws as a general hospital. He is there from 8-5 every day but not on weekends. For weekends they have on call physicians. We are not mandating how you provide psychiatric assessments. You may have full or part-time physicians, full or part time nurse practitioners under physician protocols, use tele-psychiatry, or use a combination of all, etc. That will be up to you and what you are comfortable with. We do not expect 24/7 onsite psychiatric coverage and that would not be necessary. We will expect some daily onsite coverage that is scheduled. Other staff can serve as physician extenders. We want to make sure that if someone walks into CAPAC in psychiatric crisis and with a medical issue they will get a fast and effective assessment to relieve either or both.

8. **Q.** In anticipation of the walk through, can you talk about the physical plan? Is it like CAPES with recliners?

**A.** I think you'll find that it's remarkably like the CAPES unit. If you're familiar with the building, the building will remind you of a schoolhouse. You walk into the front door of the Ellendale building and it's over on the right hand side. It's probably 1200 square feet. We have it set up much like CAPES in that, as people come through, there will be a new entrance that will be specific to that unit. There will be signage directing people to CAPAC. There will be a buzzer so that somebody in the nurse's station can see who's at the door, and they'll let that person in. As they come through, there's a waiting room so that if family come with them there's a place where family can wait. There's a police/constable station, there's an initial screening room where the person might be asked, like in CAPES, if they can go through a search process and also start to provide some information on why they are there. There are six client rooms where we will have recliner chairs. The nurse's station is probably 25 or 30 feet long, which will be totally open with a 36 inch high wall or desk there. It's totally open and accessible by clients and staff. There is also a separate physician's office and a separate medication room. In addition, the program is not designed to be limited to providing services to only six individuals at a time. There will be walk-ins when all the client rooms are filled, there will be ongoing referrals from EDs as well. The program will need to provide a service that adequately manages this flow of individuals and maintain good client care. This will entail aggressive and appropriate discharge and linkage, coordination with community provider and ongoing collaboration with the Mobile Crisis program located in the facility.

9. **Q.** Because this is not a hospital based program, is there the ability to set up a limited amount of beds if there is a condition that needs it?

**A.** We're talking about that, because the next logical step with the CAPAC program is the need to serve people that need social setting detoxification services. We are not anticipating a high need for medical detox. So yes, we will definitely need to collect data on CAPAC client needs going forward and once the program is up and running. And we are also open to additional needs that emerge as there is room in this building to potentially provide other services.

10. **Q.** Are you guys going to distribute the attendee list for today?

**A.** Yes, it will be posted to the website.

11. **Q.** Will the building be equipped with furniture, medical equipment, etc., or is that the responsibility of the provider?

**A.** DSAMH will provide furniture. The bidders should present a list of startup requirements, such as medical equipment, computers, etc. These will be considered during RFP review and contract negotiations.

12. **Q.** Regarding budget, do you want to see all staffing or just clinical?

**A.** We want to see all staffing needed to support this program that will be billed back to the state. Other staff can be noted as "in kind."

13. **Q.** Is there going to be a mobile outreach component or expectation?

**A.** Not attached to CAPAC and not required.

14. **Q.** Is there specific staff trainings required for CAPAC staff?

**A.** Yes. Staff training requirements need to follow either the Joint Commission or the CARF expectations and the provider's organizational requirements. CAPAC providers will need to become accredited by a national organization within one-two years. In addition DSAMH may mandate trainings to the CAPAC provider but these trainings will be paid by the state. Most important re CAPAC staff training is that staff in this program will need to be competent to meet the CAPAC program outcome goals in the contract.

15. **Q.** What services are covered by DHSS facility operations staff?

**A.** Basic facility maintenance and upkeep including landscaping, trash removal, snow removal, etc.

16. **Q.** What is the funding availability for this RFP?

**A.** This will be negotiated.

17. **Q.** Does DSAMH have an expectation of the # of clients to be served or any data regarding the annual # of clients served at the CAPES program?

**A.** CAPES see about 300 individuals each month. We do not have a good feel for numbers for CAPES and the provider will need to set up a database to track this activity. The only data we have is population based which would indicate that CAPAC numbers might be similar to CAPES.

18. **Q.** There are different levels of arming Constables which would affect their rate of pay. Are the constables to be armed with actual side arms (i.e. pistols), chemical spray, hand cuffs, bullet-proof vests and batons? Or can they be armed with tasers instead of pistols?

**A. Guns are not mandatory for constables, they should have hand cuffs and a taser for extreme emergencies but are quite dangerous to use on people with medical conditions, potential obesity or heart conditions etc.** The use of pepper spray should be quite limited and perhaps not used at all as it could result in the need to evacuate the unit due to the irritants; Security staff should be trained and able to apply physical restraints as needed. All CAPAC staff will need to be trained to prevent conflict and violence in the unit.

19. **Q.** What is the rationale for not using security officers who can also carry side arms (pistols), chemical spray, hand cuffs, etc?

**A.** The use of constables, retired police, or off duty police are necessary to detain consumers that are resistive to treatment and need to be placed on a 24 hour emergency detainment. Constables and Police have arrest powers. If a security company can provide this same level of security and services they could be used.

20. **Q.** Can security officers be substituted for Constables?

**A.** See number 19 above

21. **Q.** If security officers were allowed instead of constables could the successful bidder be allowed to contract this service out?

A. See number 19 above

22. **Q.** If security officers were allowed instead of constables why would they have to be armed? They could still carry chemical spray & hand cuffs without the side arm (pistol). Security company's in Delaware already perform similar type duties that this RFP is referencing as unarmed security.

A. See number 19 above

23. **Q.** Contact information for constables - Can a constable "detain and or restrain" under current state law?

A. See number 19

24. **Q.** Can the 24/7 security requirement be other than "Constables".

A. See number 19

25. **Q.** Page 15, Section B2

Please explain what you mean when you say the program shall provide constable staff for security on site (24/7) and provide secure transportation to other facilities? Is the expectation that the provider will contract or hire actual Constables with detaining powers?

A. See number 19

26. **Q.** Historically, clients who are discharged to home while waiting for a bed do not follow through with linkage, will there be occasions where the 23 hours can be extended. This is especially relevant for the homeless client.

A. DSAMH will be contracting with a provider of Targeted Care Management services. This program will include a limited number of respite beds and the care managers will be required to fully understand all accessible housing in Delaware. DSAMH plans on developing a system to rapidly assign Care Managers to individuals with significant support challenges to assist in moving individuals out of the CAPAC program. It is not DSAMH's intent to extend the length of stay beyond 23 hours. If that happens it should be accidentally and due to transportation delays and will need to be documented. If this need persists over time and is supported by the DSAMH EEU we will revisit.

27. **Q.** Since this unit is expected to have the capacity to deal with involuntary admissions, is it expected to be a locked facility? Or will a seclusion room suffice?

**A.** The CAPAC unit was designed to be a locked unit. Admission and discharge to the actual unit as was as the building will be held secure by electronic key card access to all areas. The Bidder may find the need to have a quiet room but no secure bed will be supplied in any of the counseling rooms. Benches are in place to secure an agitated consumer and the use of verbal de-escalation along with the use of medications should be considered to assist the consumer.

28. **Q.** Any guidelines as to how the program will be funded: i.e., bundled rate, fee for service, per-diem program funded or other?

**A.** The program will be paid under a cost reimbursement methodology with incentive payments targeting specific outcomes.

29. **Q.** Are any insurance or other revenues deducted from the state share?

**A.** Yes, other revenues will be deducted from the cost reimbursement portion of the budget.

30. **Q.** Will it be possible to have a few extended stay beds (or lounge chairs)?

**A.** This can be negotiated with DSAMH should the experience of the program indicate a need for extended stays.

31. **Q.** Historically, police/constables had to secure a client they were transporting, is this no longer a requirement? This was considered a safety issue due to the volatility/unpredictability of this population.

**A.** DSAMH philosophy is to promote services and supports that limit the use of restraints. While the role of police in maintaining public safety may necessity the occasional use of restraints, DSAMH and the provider will work with the police through education and example to minimize the use of restraints. Alternative transportation will be used, when agreed upon by MC and/or local PD and will not use any restraints but will need to include two staff including one driver.

32. **Q.** Is this program meant to serve Kent and Sussex Counties exclusively? How stringent are the requirements for residency given the Lewes/Rehoboth areas has a lot of tourism?

**A.** No, this program is to serve the residents of Delaware as well as visitors who may require this level of care.

33. **Q.** Will this unit be available to all individuals with no questions regarding insurance and no eligibility screening process?

**A.** Yes

34. **Q.** "F" on page 23- what would be an example of this?

**A.** An example of this would be an invoice submitted to the Division, with all supporting documentation and required reports, by the contractor and is authorized and paid by the Division within (30) thirty days receipt of the invoice. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

35. **Q.** How will the site be licensed?

**A.** Licensing requirement for all levels of substance use disorder treatment settings and certification standards for Medicaid Certified programs can be found on DSAMH. 's website @ [www.DHSS.delaware.gov/DHSS/DSAMH/regs.html](http://www.DHSS.delaware.gov/DHSS/DSAMH/regs.html)

36. **Q.** Does everyone over 50 years of age have to go the hospital for medical clearance?

**A.** No, this is to be based on an individualized medical assessment by CAPAC staff. DSAMH will require data to be sent in on all requested medical clearances and those results.

37. **Q.** Page 18 Section E.3. "Psychiatric coverage, of which at least 20 hours/week must be on -site. Psychiatric coverage may be face to face or through Tele-psychiatry." Is the expectation that a psychiatrist be physically at the site no less than 20 hours per week - or is the expectation that a minimum of 20 hours of psychiatric services are available either on site or through Tele-psychiatry?

**A.** The bidder may propose either or both approaches.

38. **Q.** Page 14 Section A.5. Define "Licensed Independent Professional"

**A.** Licensed Independent Professional is an individual licensed in the state of Delaware to practice independently and is usually either a Doctor of Medicine, or Osteopathic medicine, or a Psychiatric Nurse Practitioner (where the bidder's medical bi-laws allow such independent work by a nurse practitioner" under protocols. (See The Joint Commission standards).

39. **Q.** Page 14 Section A.7. "The 24/7 day availability of prompt access to basic laboratory tests such as a Blood Alcohol Test, a Urinalysis and/or a Chem 7 screen are highly desirable\*\*." Can you define "Prompt Access" or is the expectation that laboratory services are available 24/7?

**A.** The program should have access to a range of "quick test" resources 24/7. Access to a lab does not have to be 24/7. The program should be able to complete simple and routine tests such as Urine Drug screens, the use of a breathalyzer, Accu-Checks for blood sugars etc. and basic blood work in some cases. The lab may be needed as back up to the Urine Drug screens to test for false positives, the lab would not need 24/7 coverage.

40. **Q.** Page 30, Section M 3 – Staff Orientation and Development

Are there specific staff trainings that you require for CAPAC staff? For example, discussion of the philosophy of crisis services; clinical trainings about serious mental illnesses; suicide risk assessment and management; recovery model training; skill training to include appropriate interactions with consumers, their families, and/or advocates; and confidentiality training to include HIPAA regulations?

**A.** Staff must be trained as required to maintain their credentials and the programs accreditation. In addition, DSAMH will provide trainings at DSAMH's expense. We will expect the bidder to include what training they think will be necessary for their staff.

41. **Q.** Page 15, Section B1

Questions about the Ellendale Building? It said it would be managed by the DHSS Facility Operations Staff. What services do they provide exactly?

**A.** They provide basic facility maintenance, including the maintenance and upkeep of the facilities various systems (HVAC, plumbing, electricity, fire suppression), snow and trash removal, landscaping, upkeep of the physical structure, etc.

42. **Q.** Page 15, Section B1

Will the Ellendale Building have any existing furniture, medical equipment, phone system that can be assumed by the Provider?

**A.** DSAMH will provide basic furnishings, phones and security equipment. The bidder must define the need and cost of any additional medical or program equipment. These items will be negotiated with DSAMH and inserted in the program startup budget. Security Cameras, Key Card Readers, chairs for waiting area and nurses station. Recliners in the rooms will be purchased and in place. Medical supplies should be the expense of the Bidder.

43. **Q.** Page 29, Section L2

Please explain what is required for the following service: The provision of reassessments of clients for those individuals who were placed on a 24 hour detention order at another location and then transported to the CAPAC program. Are you talking about providing services to individuals requiring Temporary Detention Order (TDO) care and appropriate individuals who are ordered into Court Mandated Voluntary admissions?

**A.** We are referring to individuals who have been detained under Delaware Code, Title 16, Chapter 51, subsection 5122

This statement refers to the expectation that CAPAC staff will have the role and responsible to undue premature or un-founded detention orders done in other sites. Please see the DE statute.

44. **Q.** Page 32, Section VIII A2

What network access will be available aside from the planned computer stations?

**A.** The state will not provide network access beyond wiring which terminates in the computer room by the West entrance. The successful vendor will be responsible for obtaining all equipment (switches, modems, etc) and Internet access (Comcast, Verizon, etc) to connect to their corporate information system and/or the Internet.

45. **Q.** Page 32, Section VIII A2

What IT related equipment and maintenance will be the responsibility of the contractor?

**A.** The successful vendor will be responsible for providing and maintaining all IT equipment for the constables and the CAPAC program staff. The state will only provide IT equipment for the police room. The state will provide access to the Avaya Phone System currently in the building. The state will not back charge the successful vendor for the Avaya Phone System. The state will provide and maintain electronic access control to certain sections of the CAPAC program and the video surveillance equipment.